

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 020953
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2657

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>KANSAS CITY</u> TOWN <u>KANSAS CITY</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>KANSAS CITY, NORTH</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MENORAH HOSPITAL</u>				Length of stay <u>5 YEARS</u> <u>1 WEEK</u>		d. STREET ADDRESS (If outside, give location) <u>506 S 5447 NORTH TROOST</u>	
3. NAME OF DECEASED (Type or print) First <u>NATHAN</u> Middle <u>CLARKE</u> Last <u>BLYDENBURGH</u>				4. DATE OF DEATH Month <u>JUNE</u> Day <u>4</u> Year <u>1957</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAR. 14 1905</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INDUSTRIAL ENGINEER SOLAR AIRCRAFT</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>ELDORA, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JULIUS BLYDENBURGH</u>				13b. MOTHER'S MAIDEN NAME <u>EMMA SLOESMAN</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. NOVA BLYDENBURGH</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>479-03 8422</u>		17. INFORMANT Address <u>5447 NORTH TROOST</u> <u>MRS. NOVA BLYDENBURGH KANSAS CITY, MO MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Tracheal Obstruction</u> DUE TO (b) <u>Primary Carcinoma of Lung - recurrent</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>1627</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY . Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1/31/57</u> to <u>June 4 '57</u> and last saw him alive on <u>June 3, 1957</u> Deaths occurred at <u>Menorah Hospital</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Clarke L. Henry M.D.</u> (Degree or title)				22b. ADDRESS <u>Playa P. Kway Bldg</u>		22c. DATE SIGNED <u>6/5/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JUNE 6 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>WHITE CHAPEL MEMORIAL CEMETERY</u>		23d. LOCATION (City, town, or county) <u>CLAY COUNTY MISSOURI</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u> ADDRESS <u>832 ARMOUR ROAD NORTH KANSAS CITY, MO</u>				25. DATE RECD. BY LOCAL REG. <u>6-6-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

SEP 3 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Albert L. Savage*

Licensed Embalmer No. *4812*
P. O. Address *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.